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**Ova and Parasite Screening of Hmong Refugees**

Testing:

Parasites are intermittently shed in the stool of infected persons. Therefore, to accurately diagnose a parasitic infection it is optimal to collect multiple stool specimens from patients. It is understood that at times it will be difficult to collect multiple specimens from a patient. A positive test on a single sample is considered diagnostic and would exclude the need to test further samples.

- Patients that present with signs and symptoms of gastrointestinal illness should be tested for both O&P and enteric bacteria.
- Routine testing following the identification of a parasitic infection is not recommended. A follow-up test may be considered if the patient has continuous gastrointestinal illness following a course of treatment. Consultation with the Division of Public Health regarding additional tests is recommended.
- Number of times to collect specimens: Preferably three
- When to collect: Daily for three days if the patient has gastrointestinal illness, OR Daily (recommended) or at least every other day until three specimens are collected if the patient is asymptomatic
- Number of specimen kits per collection: Two
- Type of kits: One specimen in 10% formalin and  
One in PVA (needed to identify *Entamoeba histolytica*)

Treatment:

The treatment for intestinal parasites should be based on the clinical signs and symptoms of the patient, the patients risk factors for spread (daycare exposure, food worker, immediate family with risk factors), potential side effects of treatment, and the value of treatment for the patient based on the patients age, current physical and immune status.

For the most recent recommendations on the treatment of parasitic infections, the Division of Public Health recommends the following resources:

- Red Book, 2003 Report of the Committee on Infectious Diseases, 26<sup>th</sup> Edition, American Academy of Pediatrics
- Control of Communicable Diseases Manual, 17<sup>th</sup> Edition, James Chin Editor
- The Physicians Desk Reference (PDR) 58<sup>th</sup> Edition, 2004